

**CONSENT FOR THE PLACEMENT OF  
A PERIPHERALLY INSERTED  
CENTRAL CATHETER (PICC)**

Patient Identification

It has been recommended that a Peripherally Inserted Central Catheter (PICC) be inserted. The PICC is inserted into one of the arm veins with the tip advanced to the central vein, known as the superior vena cava.

I. REASON(S): The reason(s) for the catheter is (are):

- Chemotherapy
- IV Hydration
- IV Medications
- Poor Venous Access
- IV Antibiotics
- Total Parenteral Nutrition
- Other: \_\_\_\_\_

II. Potential Risks: With all invasive procedures, some risks are involved with placement of the line. The risks include, but are not limited to bleeding, nerve/arterial injury, catheter tip migration, catheter occlusion and improper positioning. Following the procedure additional risks include: catheter infection, subclavian or peripheral thrombophlebitis, air embolism, sterile mechanical phlebitis, cellulitis, pain with infusion, drainage at exit site, difficulty removing catheter or possible cardiac arrhythmias.

III. I have been advised that the benefits of this procedure include but are not limited to: appropriate intravenous access for the treatment of condition

IV. I have also discussed with my physicians alternative treatment methods and the risks, benefits, side effects along with the risks involved in not undergoing treatment, such as: placement of temporary central line, do nothing, rely on peripheral IVs, or surgical placement of a venous catheter.

V. In the event this catheter cannot be inserted by a PICC certified RN, for any reason, I am aware that I will be referred to the Interventional Radiology Department. I give permission to have the catheter inserted by an Interventional Radiologist.

Placement of the PICC, including benefits, risks, reasons, alternative devices, potential problems that might occur during recuperation and the likelihood of achieving my goals have been explained to my satisfaction. Any questions I may have concerning line placement, benefits, and risks have been answered by the Proceduralist prior to this consent being signed. I confirm that I have read, or have had read to me, and understand the above.

**IF YOUR DESIRES FOR INFORMATION HAVE NOT BEEN MET, DO NOT SIGN THIS FORM.**

- I am NOT pregnant, to the best of my knowledge (or Not Applicable)
- I am pregnant

Signed: \_\_\_\_\_  
Patient or Person Legally Authorized to Consent for Patient

Date: \_\_\_/\_\_\_/\_\_\_      Time: \_\_\_\_\_  
If not patient, relationship \_\_\_\_\_

Signed: \_\_\_\_\_  
Proceduralist

Date: \_\_\_/\_\_\_/\_\_\_      Time: \_\_\_\_\_

Witnessed: \_\_\_\_\_